

Best Available Copy

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM 170-870) | | | | SERIAL NO. | FILED DATE | | |
|--|----------|------|-------------------------|--------------|-------------------------|------|---------------|
| | | | | APPLICANT(S) | | | |
| | | | | CLAIMS | | | |
| | AS FILED | | AFTER ACKNOWLEDGMENT | | AFTER ACKNOWLEDGMENT | | |
| | XNO. | OEP. | XNO. | OEP. | XNO. | OEP. | |
| 1 | 1 | | | | | | 61 |
| 2 | | 1 | | | | | 62 |
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| 4 | 1 | | | | | | 64 |
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| 6 | | 1 | | | | | 66 |
| 6 | | 1 | | | | | 67 |
| 7 | | 1 | | | | | 68 |
| 8 | 1 | | | | | | 69 |
| 9 | | 1 | | | | | 70 |
| 10 | | 1 | | | | | 71 |
| 11 | 1 | | | | | | 72 |
| 12 | | 1 | | | | | 73 |
| 13 | 1 | | | | | | 74 |
| 14 | | 1 | | | | | 75 |
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| TOTAL XNO. | 12 | | | | | | TOTAL XNO. |
| TOTAL OEP. | 8 | | | | | | TOTAL OEP. |
| TOTAL | 16 | | | | | | TOTAL |